



**Privacy Act Release Form
Immigration/State Department Concerns**

Name of Petitioner: _____

Date of birth: _____ Alien Number: _____ Social Security # _____

Address

Contact Information

Work: _____
Home: _____
Mobile: _____
Email: _____

Case Information

Name of Beneficiary #1: _____ Date of Birth _____

Alien Number: _____ Receipt Number: _____

Document/Benefit Sought: _____ Date Filed: _____

Name of Beneficiary #2: _____ Date of Birth _____

Alien Number: _____ Receipt Number: _____

Document/Benefit Sought: _____ Date Filed: _____

Do you have an attorney? _____ Have you contacted another elected official? _____

If so, whom? _____ If so, whom? _____

Signature _____ Date _____

(Parent or guardian must sign if beneficiary is a minor.)

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. By signing this form, you agree to allow information related to your concern to be released to the Office of Congressman Frank M. Kratovil, Jr.

Please Mail or Fax to:

Congressman Frank M. Kratovil, Jr.

202 South Main Street

Bel Air, MD 21014-3820

(410) 420-8822

(410) 420-8825 (fax)

*Feel free to attach additional documents, comments, or information to this form.